	Effective January 1, 2003												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER 1 (Column 1) (Column 2) TYPE OR SMALLE													
TOTAL CLAIMS			.2.9					RATE	FEE	1	RATE	FEE	
FOR			MUMBER FILED		NUMBER EXTRA		B.	ASIC FEE	375.00	OR	Basic Fee	750.00	
TOTAL CHARGEABLE CLAIMS			2.9 minus 20=		• 9		Γ	X\$ 9=	Ø1	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		<b>19</b> 6.		T	X42=	81	OR	X84+		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	451	OR	TOTAL		
J-1605 (Column 1) (Column 2) (Column 3)										•	OTHER		
Г	7003	(Column 1) Claims		(Colum		(Column 3)		MALL		OR I	SMALL		
ENTA		REMADENG - AFTER AMENDMENT		PREVIO PAID	JUSLY	PRESENT EXTRA		rate	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENTA	Total	.29	Minus	- a	9	•		X\$ 9=		OR	X\$18=	1/	
	Independent	· 3	Minus	• <del>••</del> .	3_		١Г	X42≖		OR	X84≈	X	
Ľ	FIRST PRESE	NTATION OF M	JUTIPLE DEF	ENDENT	CLAIM		١,	140=		OR	+280=		
	Japlas						<u> </u>	YOTAL OIL FEE		OR	TOTAL ADDIT, FEE		
•	11/28/05	(Column 1)		(Colur	m 21	(Calumn 3)	ΑĐ	VII. PEE (			ADDII. PEE		
AMENOMENT B		CLAMAS REMAINING		HIGH	ESY	PRESENT	I		ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO PAID	VISU	EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	·29	Minus	2	2	• _		X\$ 9=		OR	X\$194		
	Independent	・ ろ NTATION OF M	Minus ILTIPLE DEF	ENDENT	CLAIM	·/		X42=		OR	X84=		
						<u> </u>	¹   ∙	140=		ÓЯ	+280=		
	TOTAL OR TOTAL												
		(Column 1)		(Colur		(Column 3)							
AMENDMENT C		CLAIMS REMAINING		HEGH		PRESENT	Г		ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO PAID		extra		RATE	TIONAL		RATE	TIONAL FEE	
	Total	· 24	Minus	<b>-</b> 2	9	Ü		X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	***	3	•		X42-			X84-		
Ľ	FIRST PRESE	NTATION OF M	JETIPLE DES	PENDENT	CLAIM		١H			OR		<b>  </b>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
	# If the "Highest Humber Previously Paul For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE  OR ADDIT, FEE  ADDIT, FEE												
•	If the Highest Nu	mber Previously Pr	LES FOR IN THE	S SPACE	s less that	n 20, enter "20."	ADI			OR		L	

**Application or Docket Number**